

FY 2019 Family Sign Language Program Grant Budget

Program Coordinator's Salary (20 hours/week)	30,544.80
Payroll Tax	528.43
Health & Welfare and Fringe	11,086.95
Direct Care Consultant/Auxiliary Services/Payroll Tax	39,620.82
Staff Training	850.00
Staff Mileage/Travel	11,500.00
Program Supplies/Library & Teaching Supplies	\$557.00
Program Support (Administrative Assistant)	\$9,812.00
Facilities Operation, Maintenance	\$500.00
TOTALS	\$ 105,000.00

9615	Family Sign Language	FY17	FY18
	Federal Grant Income	105,000	105,000
	Salaries and Benefits	84,140	78,839
	In-State Travel	13,219	15,868
	Out of State Travel	142	0
	Office Supplies	204	160
	Printing expenses & supplies	37	180
	Postage Chargeback	632	688
	Exhibits/displays Promotional items	0	80
	Conf. training & reg. fees (vendor)	610	500
	Library & teaching supplies	11	196
	Food services	0	114
	Auxiliary services	6,006	8,374
	Total Expenses	105,000	105,000
	Net Profit/Loss	0	0



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

May 17, 2016

Northern Essex Community College
Kathy Vesey
100 Elliott Street
Haverhill, MA 01830

RE: **RFR #170322 Family Sign Language Instruction Program,**

Dear Ms. Vesey

The Massachusetts Department of Public Health, Bureau of Family Health and Nutrition is pleased to award you funding for the application submitted for the **Family Sign Language Instruction Program** through the Request for Response named above. The award amounts are indicated below:

Funding:

FY # 17	Maximum Obligation: \$105,000.00
FY # 18	Maximum Obligation: \$105,000.00
FY # 19	Maximum Obligation: \$105,000.00
FY # 20	Maximum Obligation: \$105,000.00
FY # 21	Maximum Obligation: \$105,000.00

Total Maximum Obligation for All Years: \$525,000.00

Approximate Start Date: July 1, 2016
Initial Duration: FY2017 – FY2020
Options to Renew: 1 option to renew for 5 years each option
Total Duration: FY2017 – FY2026
Conditions Attached: **NO**

Federal Funds: Yes, CFDA #84-181. This contract is supported with federal funds and is therefore subject to federal audit under OMB Circular A-133. You should notify your auditor.

Please read any attached conditions and respond within the timeframe specified. Complete and return the enclosed contract to the MDPH POS Office by the date indicated on the face page of the contract package. If you have any questions regarding this award please contact the people indicated below:

Program Contact: **Darla Gundler, 413-586-7525**
Purchase of Service Contact: **Debra Dinkins, 617-624-5617**

This award is subject to funding by the legislature and/or the federal grantor. Because this is a multi-year award, the funding specifications as defined within each fiscal year's award amount on the face page of the contract are specifically restricted to use during that fiscal year. Future year awards will be obligated separately prior to the beginning of each new fiscal year.

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year and the Department may adjust the encumbrance in the accounting system to reflect the unspent funds for the prior fiscal year.

An annual contract performance review process will be conducted for this contract. The contract performance review will include the examination of the results and measures component of the contract as well as overall performance related to the Scope of Service and DPH Contracting Principles.

Congratulations on the successful application submitted by your agency. I look forward to working with you on this important initiative.

Sincerely,



Ron Benham
Director, Bureau for Family Health and Nutrition

**COMMONWEALTH OF MASSACHUSETTS
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM**

This Form is issued and published by the Office of the Comptroller (CTR) pursuant to 815 CMR 6.00 for use by all Commonwealth Departments. Departments may add non-conflicting additional terms, but changes to the official printed language of this Form shall be void.

BUDGET FISCAL YEAR: 2017		RFR REFERENCE NUMBER ENTER RFR NUMBER: <u>170322</u> OR <u>N/A</u>	
MMARS ALPHA BUYER/PARENT DEPARTMENT CODE: <u>DPH</u>		MMARS ALPHA SELLER/CHILD DEPARTMENT CODE: <u>NEC VTNECFUND900 AD001</u>	
BUSINESS MAILING ADDRESS: <u>250 WASHINGTON STREET, BOSTON, MA 02108</u>		BUSINESS MAILING ADDRESS: <u>100 ELLIOTT ST, HAVERHILL, MA 01830-2306</u>	
ISA MANAGER: <u>DEB DINKINS</u>		ISA MANAGER: <u>KATHY VESEY</u> RICHARD HASKELL	
PHONE: <u>617-624-5617</u>	FAX: <u>617-624-5017</u>	PHONE: <u>978-556-3702</u>	FAX: <u>978-556-3703</u>
E-MAIL ADDRESS: <u>DEBRA.DINKINS@STATE.MA.US</u>		E-MAIL ADDRESS: <u>KVESEY@NECC.MASS.EDU</u>	
Purpose of ISA: (Check one option only and complete applicable information) (Attachment A required for New ISAs and all ISA Amendments.) <input checked="" type="checkbox"/> <u>X</u> New ISA. Current Maximum Obligation for total duration of ISA \$ <u>525,000.00</u> (Use "N/A" for Non-Financial ISA.) (Complete Attachment B) <input type="checkbox"/> Amendment to Existing ISA. What is being amended? (Attachment C required for all Federal and Bond Account Amendments) <input type="checkbox"/> Amend Budget/Accounts. Change Maximum Obligation from: \$ _____ to New Maximum Obligation \$ _____ (Attachment B) <input type="checkbox"/> Amend Budget/Accounts. No Change in Maximum Obligation (Attachment B) <input type="checkbox"/> Amend Dates of Performance. New Dates of Service: Start Date: _____ End Date: _____ (Subject to execution dates below.) <input type="checkbox"/> Amend Scope of Services/Performance			
BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED: <u>Family Sign Language Instruction Program</u>			
WILL SELLER/CHILD DEPARTMENT STATE EMPLOYEES (AA OBJECT CLASS) BE FULLY OR PARTIALLY FUNDED UNDER THIS ISA? <input checked="" type="checkbox"/> <u>X</u> No <input type="checkbox"/> Yes. If Yes, Seller/Child certifies that the ISA is not being used as an alternative funding mechanism for state employees, that the identified personnel in Attachment A are necessary for completion of the ISA due to particular expertise or other factors that can not be obtained through the use of contractors, and that if federal funds are being used, funds shall not be used to supplement the regular salary or compensation of any officer or employee of the Commonwealth for services performed during their regular working hours. M.G.L. c. 29, § 6B.			
ACCOUNT INFORMATION. Complete for all new ISAs and Amendments (even if account information is not changing) Check one option, indicate "add", "delete" or "no change" and enter account, fund, major program code and program code. <input type="checkbox"/> BGCN - non-subsidiarized (federal, capital, trust). Attachment C required for any new ISA or ISA Amendment involving federal funds. <input type="checkbox"/> BGCS - subsidiarized (budgetary) <input checked="" type="checkbox"/> <u>X</u> Other (CT, RPO as authorized by CTR): <u>INTF3609M03170322031</u> <input type="checkbox"/> Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child), however, resources are committed to ISA. <input type="checkbox"/> Amendment with no Accounting Changes to Budget/Accounts or to Attachments B or C. (Indicate no change below and complete account information.)			
<input checked="" type="checkbox"/> <u>X</u> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account: <u>45139021</u> Fund: <u>0100</u> Major Program Code: <u>BFCH15</u> Program Code: _____
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account: _____ Fund: _____ Major Program Code: _____ Program Code: _____
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account: _____ Fund: _____ Major Program Code: _____ Program Code: _____
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account: _____ Fund: _____ Major Program Code: _____ Program Code: _____
ISA ANTICIPATED START DATE: <u>07/01/2016</u> provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations for this ISA is available in the Seller/Child account for expenditure.			
TERMINATION DATE OF THIS ISA: This ISA shall terminate on <u>06/30/2021</u> unless terminated or properly amended in writing by the parties prior to this date.			
BUYER/PARENT AND SELLER/CHILD DEPARTMENT CERTIFICATIONS. IN WITNESS WHEREOF, by executing this ISA below, the Buyer/Parent and Seller/Child certify, under the pains and penalties of perjury, that Buyer/Parent and Seller/Child understand and agree that any Buyer/Parent or Seller/Child officer or employee who knowingly violates, authorizes or directs another officer or employee to violate any provision of state finance law relating to the incurring of liability or expenditure of public funds, including this ISA, may be considered to be in violation of M.G.L. c. 29, § 66, and therefore the Buyer/Parent and the Seller/Child agree to ensure that this ISA complies with, and that all staff or contractors involved with ISA performance are provided with sufficient training and oversight to ensure compliance with 815 CMR 6.00, CTR applicable policies and the ISA Terms and Conditions which are incorporated by reference into this ISA, in addition to the performance requirements identified in Attachment A of this ISA, and that all terms governing performance of this ISA are attached to this ISA or incorporated by reference herein, and the Buyer/Parent and Seller/Child agree to maintain the necessary level of communication (including immediate notification of any amendments to accounting information, program codes or performance needs), coordination, access to reports and other ISA information, and cooperation to ensure the timely execution and successful completion of the ISA, amendments, and state finance law compliance; and that the Buyer/Parent certifies it will ensure that sufficient funds are timely made available in the Seller/Child account(s), with the proper accounting codes, prior to the Seller/Child's need to begin initial or amended performance; and that the Seller/Child will not allow initial or amended performance to begin until the ISA is executed AND the ISA Seller/Child account is sufficiently funded to support encumbrances and payments for performance (including payroll), and the Seller/Child will make encumbrances and payments (including payroll) only from the authorized ISA Seller/Child account(s) and shall not be entitled to transfer charges made from any other account not approved in writing by CTR in advance of expenditures by the Seller/Child.			
BUYER/PARENT DEPARTMENT'S AUTHORIZED SIGNATURE: (Date must be handwritten by signatory at time of signature)		SELLER/CHILD DEPARTMENT'S AUTHORIZED SIGNATURE: (Date must be handwritten by signatory at time of signature)	
DATE: <u>6/16/16</u>		DATE: <u>6/13/2016</u>	
PRINT NAME: <u>SHARON DYER</u>		PRINT NAME: <u>Richard F. Haskell</u>	
PRINT TITLE: <u>Director, Purchase of Service Office</u>		PRINT TITLE: <u>Interim VP of Finance/CFO</u>	

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF3609M03170 Northern Essex Community College
322031

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

New Contract This form will only be included with packages where a procurement exception (waiver) supports the contract. Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

The qualified vendor will provide family sign language instruction throughout the Commonwealth of Massachusetts for parents of young children who are deaf or hard of hearing in the Early Intervention system. The primary purpose of the program is to introduce parents to a sign language system to help them understand the full range of communication and language approaches available to children with significant hearing loss. The secondary purpose is to introduce the family to Deaf culture.

The Massachusetts Early Intervention system is comprised of community based programs that provide integrated developmental services to families of children, birth to three years of age, for whom there are developmental concerns. Early Intervention programs provide comprehensive, integrated services, using a family centered approach to facilitate the developmental progress of eligible children. Early Intervention services are designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development. Eligible families may choose to learn American Sign Language (ASL) as a means of establishing early communication with their young children who are deaf or hard of hearing. This program will provide introductory ASL instruction to extended families and caretakers while introducing them to Deaf culture.

Please refer to the Request for Responses (RFR) #170322 and RFR proposal from the vendor for more details.

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase

Include a clear explanation of what the funding change will support in terms of additional service

Decrease

Include a clear explanation of what services are being reduced as a result of the funding decrease.

Other

Identify the changes to the scope of services supported by the amendment (No change in Max Obligation).

What is the Family Sign Language Program (FSLP)?

The Family Sign Language Program provides Sign Language instruction for eligible families with children who are deaf or hard of hearing 0-3 years of age.

The goal of this program is to introduce family members to Sign Language, enabling them to communicate with their child at the earliest age possible. Extended family members and caregivers are encouraged to participate.

Families will receive a total of 20 weeks of instruction tailored specifically to them. The first 10 weeks are provided in the family's home; the second 10 weeks may be in the home, online, or in a group setting with other families. Classes will be scheduled at a time convenient for the family.

Family Sign Language Program tutors follow a specially devised Family Sign Language Program curriculum and are trained in the provision of Sign Language instruction.

The curriculum will address not only the learning of sign vocabulary, but the application of the signs to everyday family life as well. As part of the classes, FSLP tutors will also share their knowledge about Deaf culture and will teach the family ways of making their family communications more visual and accessible for their child.

"The Family Sign Language Program has been wonderful. With such a late diagnosis of hearing loss for our son, the program was eager to connect our family with an excellent teacher. The program, and specifically the teacher we are working with, has been very flexible, patient, and kind. The Family Sign Language Program's devotion to sharing this beautiful language is such a blessing to our family."

-- Chrissy M. (Mom)



"Daddy"



Welcome to the Massachusetts

Family Sign Language Program

Enhancing Family Communication
and Early Language Acquisition

Family Sign Language Program
Gallaudet University Regional Center at
Northern Essex Community College
100 Elliott Street
Haverhill, MA 01830



Coordinated by the Gallaudet
University Regional Center at
Northern Essex Community
College through a contract with
the Massachusetts Department
of Public Health.



How do I sign up?

The Family Sign Language Program is open to all families residing in the Commonwealth of Massachusetts who have a child who is deaf or hard of hearing between the ages of 0-3 and is enrolled in Early Intervention services.

To sign up for the Family Sign Language Program, either the family or the Early Intervention provider needs to contact us. The family and Early Intervention provider will be asked to complete a program intake form.

Once the information has been received, your family will be matched with a tutor in your area and then you will be able to start classes!

Our goal is to get families through the paperwork process quickly so they can start classes as soon as possible.



Who is the tutor that will be sent to our home?

Family Sign Language Program tutors are adults from the community who are specially trained to recognize child development and language needs. The tutors will use the Gallaudet University Regional Center's FSLP curriculum and are also trained to use familiar objects in the child's natural environment as tools for teaching communication skills. FSLP tutors serve as excellent cultural and linguistic role models for families.

Family Sign Language Program

Please take the time to read through this informational brochure about the Massachusetts' Family Sign Language Program. If you have any further questions, please feel free to contact us at anytime.

How much does it cost?

This program is coordinated by the Gallaudet University Regional Center at Northern Essex Community College through a contract with the Massachusetts Department of Public Health. Classes are provided at no cost to families who:

- Live in Massachusetts;
- Have a child who is deaf or hard of hearing aged 0-3;
- Are currently receiving services through an Early Intervention Program.

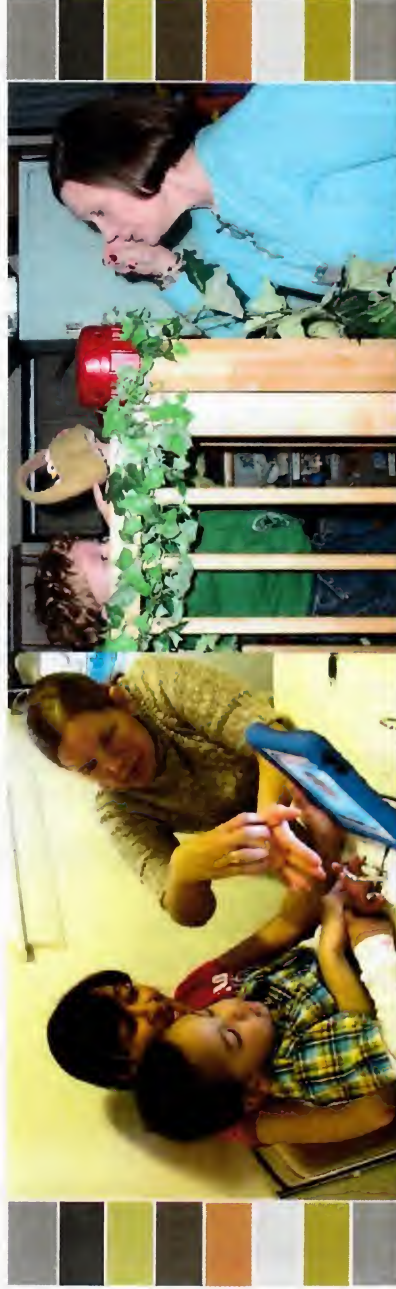
What is American Sign Language?

American Sign Language (ASL) is a complete, complex language that uses signs made with the hands and other movements, including facial expressions and postures of the body. It is the first language of many deaf North Americans, and one of several communication options available to deaf people. ASL is said to be the fourth most commonly used language in the United States.

What are the benefits of learning to sign with my child at an early age?

Language acquisition at a very early age is critical for every child who is deaf or hard of hearing. It leads to the development of literacy skills needed throughout the child's life.

Caretakers should introduce deaf and hard hearing children to language as early as possible. The earlier any child is exposed to and begins to acquire language, the better that child's communication skills will become.



Have more questions? Please contact us:

Family Sign Language Program
Gallaudet University Regional Center
at Northern Essex Community College
100 Elliott Street
Haverhill, MA 01830

fsfp@necc.mass.edu
www.necc.mass.edu/gallaudet
978-556-3701 voice
978-556-3703 fax
978-241-7057 VP/RS



GALLAUDET
UNIVERSITY
REGIONAL CENTER
EAST



Starting Points for EI Service Coordinators Deaf and Hard of Hearing

INFORMATION *This list is not meant to be all inclusive.*

What are Specialty Services? Specialty Services are provided to children enrolled in EI programs who have been identified as requiring specialized services due to identification as Deaf or Hard of Hearing, a diagnosis of vision loss, are on the autism spectrum, have complex medical needs or multiple disabilities.

Children with specialty service conditions, including those who are Deaf or Hard of Hearing, require specialized care and services that may not be appropriately, adequately, or specifically provided within the existing early intervention system. A clinician with special skills or knowledge may be needed to supplement the child's program.

Who are the Specialty Service Providers (SSP) for Deaf and Hard of Hearing children? Early intervention programs contract with a number of organizations and individuals to provide services to Deaf and Hard of Hearing infants and toddlers in the EI system. Referrals should be made early so children and their families may fully benefit from these supports. A list of SSPs can be found by [clicking here](#). Families may be enrolled in more than one SSP at the same time. Prior to initiating a referral, contact your EI director for current information on SSP services available.

REASONS FOR REFERRAL

A child who has been identified as Deaf or Hard of Hearing is eligible for Early Intervention services as this is an established condition (eligible until 3rd birthday). DPH Diagnosed Conditions List includes:

- Hearing impairment, bilateral permanent
- Hearing impairment, unilateral permanent
- Neural hearing loss/auditory neuropathy

Connect with the Massachusetts Commission for the Deaf and Hard of Hearing Children's Specialist 617-740-1600 to:

- Gain a better understanding of how hearing loss might affect development
- Review options for services and supports to EI and to family

FIRST STEPS

1. Connect with the child's audiologist to determine:
 - ☐ Type and degree of loss
 - ☐ Plans for amplification (hearing aids, cochlear implants)?
 - ☐ Schedule for ongoing audiological visits
 - ☐ Any special concerns?
2. Connect with pediatrician to review:
 - ☐ Need for additional assessments—especially vision and any impact on physical development and achievement of developmental milestones (e.g. children with Usher's Syndrome may walk later than is typical)
3. Monitor:
 - ☐ Has the family received unbiased information about communication approaches for Deaf or Hard of Hearing children
 - ☐ Early language exposure (collaboration among and support to all caregivers to ensure a language rich environment, all caregivers actively engaged in promoting language development)
 - ☐ If there are concerns about hearing aid/cochlear implant use consider additional support for family
 - ☐ Periodic in-depth assessment of child's language development by qualified personnel
 - ☐ Referral to RCP or DPH Care Coordination if child has ongoing, significant medical issues or if family needs respite
 - ☐ Special Consideration for transition out of EI: MCDHH Children's Specialist can discuss options for educational programs specifically designed for Deaf or Hard of Hearing children
 - ☐ Other adaptive equipment needs (e.g. FM system, video phone)
4. Review sections of Universal Newborn Hearing Screening Parent Information Kit with family provided by the diagnosing audiologist. If the family does not have kit, call 800-882-1435 for a copy.
Is the family interested in:
 - ☐ Family Sign Language Program
<https://www.necc.mass.edu/gallaudet/ma-family-sign-language-program/>
 - ☐ Referral to a Specialty Service Provider(s) for Deaf and Hard of Hearing children?

- ❑ Opportunity to talk with other parents of Deaf or Hard of Hearing children?
 - Refer to Family Ties 800-905-TIES (8437) or www.massfamilyties.org
 - ❑ Opportunity to talk with staff of UNHS Program, including a parent 800-882-1435. For Spanish, call 617-994-9816.
 - ❑ Interest in developing leadership skills
 - ❑ EI Parent Leadership Project 877-353-4757 or www.eiplp.org
 - ❑ MA Families Organizing for Change www.mfofc.org
5. Collaboration between the EI program and SSP is enhanced by clear and frequent communication, co-visits with EI professionals (*not limited*), sharing of developmental and functional assessment information, group brainstorming, IFSP meetings, and working as a team with the family

RESOURCES FOR FAMILIES OF DEAF AND HARD OF HEARING

A. G. Bell Association www.agbell.org	American Society for Deaf Children www.deafchildren.org	American Speech-Language-Hearing Association www.asha.org
Beginnings (Guidance for parents of children who are Deaf or Hard of Hearing) www.ncbegin.org	The Decibels Foundation (Help children who are Deaf or Hard of Hearing and their families) www.decibelsfoundation.org	DPH hearing aid program (income eligible families) 1-800-882-1435
Gallaudet University VL2 Parent Information Package (Visual Language & Visual Learning) www.vl2parentspackage.org	Hands and Voices (organization dedicated to supporting families of children who are Deaf or Hard of Hearing) www.handsandvoices.org	Massachusetts Commission for the Deaf and Hard of Hearing (Children's Specialists) www.mass.gov/eohhs/gov/departments/mcdhh
Massachusetts Family Sign Language Program (available to eligible families who are currently enrolled in EI in Massachusetts) https://www.necc.mass.edu/gallaudet/ma-family-sign-language-program/	MA Specialty Service Providers (have specialized skills, knowledge and training about working with families of children who are Deaf or Hard of Hearing) www.mass.gov/eohhs/docs/dph/com-health/prego-newborn/hear-screen-specialty-services.pdf	Setting Language in Motion: (Family Supports & Early Intervention for Babies Who are Deaf or Hard of Hearing) www.gallaudet.edu/clerc-center-sites/setting-language-in-motion.html

Determine eligibility for entitlements, based on family's financial situation.

Call the Department of Public Health, Division for Children & Youth with Special Health Needs Community Support Line at 1-800-882-1435 for information on these resources and public benefits (*This is a great place to start if you aren't sure about a family's eligibility for other public benefit programs or services*)

- ❑ **Mass Health/CommonHealth** (buy-in program of Mass Health for children with disabilities)
- ❑ **Kaleigh Mulligan** (home care for children whose severe health care needs require care equivalent to a hospital or nursing facility)
- ❑ **Catastrophic Illness in Children Relief Fund** (financial reimbursement for families who have extraordinary out-of-pocket expenses relating to their child's special health care needs) www.mass.gov/cicrf
- ❑ **Community Case Management** (approval for in home nursing for medically fragile children on Mass Health) 1-800-863-6068
- ❑ **SSI** (Social Security benefits for children with disabilities with limited financial resources) 1-800-772-1213
www.ssa.gov/pubs/10026.html
- ❑ **WIC** (nutrition program that provides free nutrition and health education, healthy food and other services to families who qualify). To apply call 1-800-WIC-1007 or the WIC program in your community.
- ❑ **SNAP** (Supplemental Nutrition Assistance Program) to help low-income households buy food
<http://www.mass.gov/snap>